Political Organization Notice of Section 527 Status

OMB No. 1 <u>545-1</u> 693	
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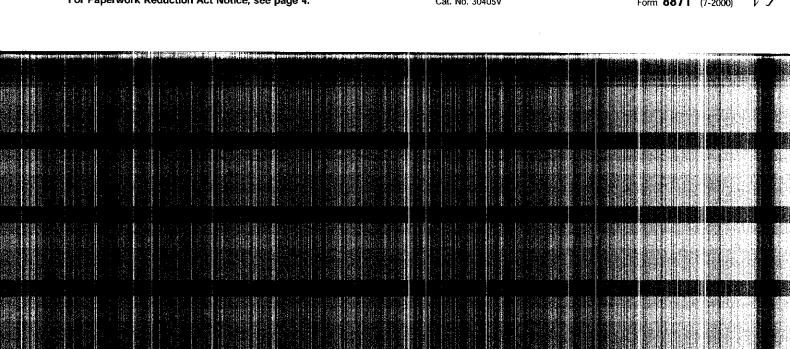
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	rt I	General Information										_
1	Name	of organization Manu	iel Pri	ug ve	z Con	pai	an	Act.	Emplo 36	yer ide	ntification numb	er 7
2		g address (P.O. Box or number	er, street, and roo - W- 19	on y o r suite	e number)	, ,						-
		r town, state, and ZIP code	FI.	33	145				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'-	·•	_
3	E-mail	address of organization									*	
4a		of custodian of records Nanuel Priegue	2	4b Ci	ustodian's ad	dress	S.	W.	19 51	۲.		
5a	Name	of contact person		5b C	ontact persor	s addres	ss - 83	8-0	277	8	*	•
6	Busine	ess address of organization (if	different from m	ailing addr	ess shown a	bove). Nu	mber, str	eet, and r	oom or s	suite nui	nber	_
	City or	r town, state, and ZIP code				 .	.,					_
Pa	rt II	Purpose						-				
7		ibe the purpose of the organiz	ation				··········				<u>;</u>	_
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Pa	rt III	List of All Related Er	ntities (see in	struction	ıs)							_
8a	Name	of related entity	8b Relation	ship	8c A	ddress	L-t-					
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For Paperwork Reduction Act Notice, see page 4.

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	9b Title	hly Compensated Employees (see instructions) 9c Address

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